1. Type of Recipient Committee: All Committee Officeholder, Candidate Controlled Committee State Candidate Election Committee Recall (Also Complete Part 5.) General Purpose Committee Sponsored Small Contributor Committee Political Party/Central Committee Political Party/Central Committee COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTE Brian Dahle for Assembly 2016 STREET ADDRESS (NO P.O. BOX) CITY Bieber CA 96009 MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O.	Type or print in	Date Stamp				
	Statement covers period	Date of election if applicable:		Page	e <u>1</u>	of <u>26</u>
	from <u>07/01/2017</u>	(Month, Day, Year)			For Officia	l Use Only
SEE INSTRUCTIONS ON REVERSE	through 12/31/2017					
1. Type of Recipient Committee: All Commit	tees - Complete Parts 1,2,3, and 4.	2. Type of Stateme	nt:	·		
 State Candidate Election Committee Recall (Also Complete Part 5.) General Purpose Committee Sponsored Small Contributor Committee 	Ballot Measure Committee Primary Formed Controlled Sponsored (Also Complete Part 6.) Primary Formed Candidate/ Officeholder Committee (Also Complete Part 7.)	☐ Pre-election Stater ☐ Semi-annual State ☐ Termination Stater ☐ Amendment (Expla	ment nent	Specia Supple		
	I.D.NUMBER 1373730	Treasurer(s) NAME OF TREASURER Kelly Lawler MAILING ADDRESS				
P. 1	() -	CITY Hilmar NAME OF ASSISTANT TREASUR	STATE CA RER, IF ANY	ZIP CODE 95324		EA CODE/PHON 56-1542
TT'1	DE AREA CODE/PHONE	MAILING ADDRESS				
		CITY	STATE	ZIP CODE	AR	EA CODE/PHON
info@briandahle.com		OPTIONAL: FAX/E-MAIL ADDRE	SS			
4. Verification						
I have used all reasonable diligence in preparing and is true and complete. I certify under penalty of perjury				ein and in the	attached	schedules
Executed on 01/30/2018 By Kelly Lawler DATE Executed on 01/30/2018 By Brian Dahle	SIGNATURE OF TREASURER OF					

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC State of California

Executed on_

Executed on_

DATE

DATE

COVER PA	AGE - PART 2
CALIFORNIA FORM	460

Officeholder or Candidate Controlled Committee			6	. Ballot Measure Coi	mmittee				
NAME OF OFFICEHOLDER OR CANDIDATE					NAME OF BALLOT MEASURE				
Brian Dahle									
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTR Sought: State Assembly Person Assembly District	ICT NUMBER IF AP	PPLICABI	LE)		BALLOT NO. OR LETTER	JURISDICTIC	N]	SUPPORT OPPOSE
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP		Identify the controlling office	eholder, cand	idate, or state	measure pro	ponent, if any.
Bieber	r	CA	96009		NAME OF OFFICEHOLDER, CAN	IDIDATE, OR PR	OPONENT		
Related Committees Not Included in this St not included in this statement that are controlled by you or ar contributions or to make expenditures on behalf of your cand	re primarily formed				OFFICE SOUGHT OR HELD			DISTRICT NO.	IF ANY
COMMITTEE NAME Brian Dahle for Assembly 2018	I.D.NUMBER 1393369			7.	Primarily Formed C		List names	of officeholder	(s) or candidate(s) Ffo
NAME OF TREASURER	CONTROLLED	COMMIT	TTEE2		NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
Kelly Lawler	YES								OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)	1				NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
CITY STATE ZIF Bieber CA 96009		AREA CO 209-656-	DDE/PHONE						OPPOSE
COMMITTEE NAME Brian Dahle for Senate 2020	I.D.NUMBER 1394102				NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED				NAME OF OFFICEHOLDER OR C	CANDIDATE	OFFICE SOU	GHT OR HELD	SUPPORT
Kelly Lawler	YES	□ NO	O						OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)									
CITY STATE ZIF Bieber CA 95324		AREA CO	DDE/PHONE		Attach	continuation	sheets if nec	essary	

Campaign Disclosure Statement Summary Page

to whole dollars.

Type or print in ink.
Amounts may be rounded

SUMMARY PAGE CALIFORNIA FORM Statement covers period

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Dahle for Assembly 2016

from <u>07/01/2017</u> through $\frac{12/31/2017}{}$ of $\frac{26}{}$ Page 3 I.D. NUMBER 1373730

Contributions Received	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE	Calendar Year Summary for Candidates Running in Both the State Primary and General Elections			
Monetary Contributions Schedule A, Line 3	\$0.00	\$0.00	General Election	15		
2. Loans Received Schedule B, Line 7	\$0.00	\$0.00	1/1	through 6/30 7/1 to Date		
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2	\$0.00	\$0.00	20. Contribution Received \$.00	\$.00		
4. Nonmonetary Contributions Schedule C, Line 3	\$0.00	\$0.00				
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4	\$0.00	\$0.00	21. Expenditures Made \$.00	\$.00		
Expenditures Made				nit Summary for State		
6. Payments Made Schedule E, Line 4	\$85,535.26	\$107,374.61	Candidates			
7. Loans Made Schedule H, Line 7	(\$45,100.00)	\$0.00		ative Expenditures Made*		
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7	\$40,435.26	\$107,374.61	(If Subject to	o Voluntary Expenditure Limit)		
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3	\$0.00	\$0.00	Date of Election	Total to Date		
10. Nonmonetary Adjustment Schedule C, Line 3	\$0.00	\$0.00	(mm/dd/yy)			
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$40,435.26	\$107,374.61	_6/7/2016	\$330,521.66		
Current Cash Statement			11/8/2016	\$233,249.20		
12. Beginning Cash Balance Previous Summary Page, Line 16	\$40,435.26	To calculate Column B, add amounts in Column A to the	C/5/2019	¢4.000.00		
13. Cash Receipts Column A, Line 3 above	\$0.00	corresponding amounts	6/5/2018	\$4,099.89		
14. Miscellaneous Increases to Cash Schedule I, Line 4	\$0.00	from Column B of your last report. Some amounts in				
15. Cash Payments Column A, Line 8 above	\$40,435.26	Column A may be negative				
16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15	\$0.00	figures that should be subtracted from previous				
If this is a termination statement, Line 16 must be zero.		period amounts. If this is the first report being filed				
17. LOAN GUARANTEES RECEIVED Schedule B, Part 2	\$0.00	for this calendar year, only carry over the amounts				
Cash Equivalents and Outstanding Debts		from Lines 2, 7, and 9 (if any).	*Since January 1, 200	01. Amounts in this section may section may section may section.		
18. Cash Equivalents See instructions on reverse	\$0.00	-	umerent nom amount	a reported in Column b.		
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$0.00	-	FPPC To	FPPC Form 460 (June/0' II-Free Helpline: 866/ASK-FPP		

Schedule A **Monetary Contributions Received**

Type or print in ink. Amounts may be rounded

SCF		

Monetary Contributions Received			nts may be rounded whole dollars.	Statement covers period from 07/01/2017		CALIFORNIA 460 FORM		
SEE INSTRUCTIONS ON	REVERSE			through	7	Page 4	of_26	
NAME OF FILER	2016			•		I.D. Num	nber	
rian Dahle for Assembly	7 2016					1373730		
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YI (JAN. 1 - DEC.	EAR	PER ELECTION TO DATE (IF REQUIRED)	
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC						
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC						
			SUBTOTA	L \$0.00				
chedule A Sul . Amount received (Include all Sche	mmary I this period - contributions of \$100 or more. edule A subtotals.)			\$0.00	INI			
. Amount received	I this period - unitemized contributions of les	ss than \$100		\$0.00		H - Other	,	
. Total monetary c (Add Lines 1 and	contributions received this period. d 2. Enter here and on the Summary Page,	Column A, Line 1.	.)TOTAL	\$0.00		Y - Political C - Small C	Contributor Committee	

Schedule B – Part 1

Type or print in ink.
Amounts may be rounded
to whole dollars

SCHEDULE B - PART	1
CALIFORNIA A C	

Statement covers period

Loans Received		to whole dollars.			from07/01/2017	7	FORM 400		
SEE INSTRUCTIONS ON REVERSE					through	2017	Page _5	of <u>26</u>	
NAME OF FILER Brian Dahle for Assembly 2016				-			I.D. NUMBER 1373730		
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE	
				PAID				CALENDAR YEAR	
				FORGIVEN		RATE		PER ELECTION**	
☐IND ☐ COM☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
				FORGIVEN		RATE		PER ELECTION**	
☐IND ☐ COM☐OTH ☐PTY ☐ SCC					DATE DUE		DATE INCURRED		
				PAID				CALENDAR YEAR	
				FORGIVEN		RATE		PER ELECTION**	
☐ IND ☐ COM☐ OTH ☐ PTY ☐ SCC					DATE DUE		DATE INCURRED		
		SUBTOTALS							
Schedule B Summary 1. Loans received this period (Total Column (b) plus unitemized loans	s less than \$100.)						(Enter (e) on Schedule E, Line 3)		
2. Loans paid or forgiven this period (Total Column (c) plus loans under \$100 (Include loans paid by a third party that		dule A.)					* Amounts forg another party a reported on Sc	iven or paid by Iso must be hedule A.	
3. Net change this period. (Subtract Line Enter the net here and on the Summary					Net (may be a neg	ative number)	** If required.		
*Contributor Codes IND-Individual COM-Recipient Committee (c	other than PTY or SCC)	OTH-Other PTY	-Political Party	SCC-Small Cor	ntributor Committee	FPPC	FPPC Fo	rm 460 (June/01) :: 866/ASK-FPPC	

Schedule B - Part 2 **Loan Guarantors**

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE B - PART 2
Statement covers period	CALIFORNIA 460
from <u>07/01/2017</u>	FORM TOO
through <u>12/31/2017</u>	Page <u>6</u> of <u>26</u>

SEE INSTRUCTIONS	ON	REV	ERS	E
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NAME OF FILER Brian Dahle for Assembly 2016

I.D. Number 1373730

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
			LENDER		CALENDAR YEAR	
	☐ COM ☐ OTH ☐ PTY ☐ SCC		DATE		PER ELECTION (IF REQUIRED)	
			LENDER		CALENDAR YEAR	
	☐ COM ☐ OTH ☐ PTY ☐ SCC	☐ OTH ☐ PTY	DATE		PER ELECTION (IF REQUIRED)	
	☐ IND		LENDER		CALENDAR YEAR	
	OTH PTY SCC		DATE		PER ELECTION (IF REQUIRED)	
	☐ IND ☐ COM		LENDER		CALENDAR YEAR	
	☐ OTH ☐ PTY		DATE		PER ELECTION (IF REQUIRED)	
	SCC					
			SUBTOTAL		Enter on Summary Page, Line 17 only.	
					Line ir only.	

Schedule C Nonmonetary Contributions Received			Type or print in ink. Amounts may be rounded to whole dollars.			Statement covers period from 07/01/2017			CALIFORNIA 460		
SEE INSTRUCTIO	NS ON REVERSE				thro	ough <u>12/31/2017</u>		Page <u>7</u>	of 26		
NAME OF FILER Brian Dahle for As					I			I.D. Number 1373730	er		
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SERV		AMOUNT/ FAIR MARKET VALUE	CUMULAT DAT CALENDA (JAN 1 - [E R YEAR	PER ELECTION TO DATE (IF REQUIRED)		
		IND COM OTH PTY SCC									
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC									
		☐ IND☐ COM☐ OTH☐ PTY☐ SCC									
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC									
Attach additi	onal information on appropriately labeled	continuation	sheets.	SUBTO	OTAL						

FPPC Form 460 (JUNE/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

COM- Recipient Committee

(other than PTY or SCC) OTH - Other

SCC - Small Contributor Committee

*Contributor Codes

PTY - Political Party

IND - Individual

1. Amount received this period - nonmonetary contributions of \$100 or more.

3. Total nonmonetary contributions received this period.

2. Amount received this period - unitemized nonmonetary contributions of less than \$100

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE D
Statement covers period	CALIFORNIA 160
from07/01/2017	FORM TOO
through $\frac{12/31/2017}{12/31/2017}$	Page <u>8</u> of <u>26</u>
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Brian Dahle for Assembly 2016

through 12/31/2017

Page 8 of 26

I.D. NUMBER 1373730

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
9/20/2017	Butte County Republican Party	Monetary Contribution Nonmonetary Contribution Independent		\$500.00	\$500.00	2016G: \$500.00
	■ Support □ Oppose	Expenditure				
	Support Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
	☐ Support ☐ Oppose	Monetary Contribution Nonmonetary Contribution Independent Expenditure				
			SUBTOTAL	\$500.00		

Schedule D Summary

1. Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.)	\$500.00
2. Unitemized contributions and independent expenditures made this period of under \$100	\$99.00
3 Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.)	\$599.00

Schedule E Payments Made

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E
Statement covers period	CALIFORNIA 160
from07/01/2017	FORM 400
through <u>12/31/2017</u>	Page 9 of 26
	I.D. NUMBER 1373730

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Dahle for Assembly 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member con	nmunications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings an	d appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expens	ses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circu	llating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	3	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and s	survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, del	ivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional	services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	, ,	WEB	information technology costs (internet, email)
	NAME AND ADDRESS OF DAVEE					

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR DESCRIPTION OF PAYMENT	AMOUNT PAID
The First Tee of Silicon Valley San Jose, CA 95126	CVC		\$500.00
The KAL Group Hilmar, CA 95324	PRO		\$450.00
Young Kim for Assembly 2016 Hilmar, CA 95324		Loan Forgiveness	\$4,200.00
Committee ID: 1373918			

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$85,018.76
2. Unitemized payments made this period of under \$100.	\$516.50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	\$85,535.26

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)			
Statement covers period	CALIFORNIA 160			
from07/01/2017	FORM 400			
through <u>12/31/2017</u>	Page $\underline{10}$ of $\underline{26}$			
	I.D. NUMBER 1373730			

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Dahle for Assembly 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign para	phernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS campaign cons	ultants	MTG	meetings and appearances	RFD	returned contributions
CTB contribution (ex	plain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC civic donations		PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL candidate filing	/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND fundraising eve		POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND independent ex	penditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG legal defense		PRO	professional services (legal, accounting)	VOT	voter registration
LIT campaign litera	ture and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Young Kim for Assembly 2016 Hilmar, CA 95324		Loan Forgiveness	\$4,200.00
Committee ID: 1373918			
Lily Mackay Vallejo, CA 94591	MTG		\$100.00
Inter-Mountain Fair McArthur, CA 96056-8584	CVC		\$2,738.00
The KAL Group Hilmar, CA 95324	PRO		\$450.00
Mathis for Assembly 2016 Visalia, CA 93277		Loan Forgiven	\$4,200.00
Committee ID: 1373851			

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from07/01/2017	FORM 400
through <u>12/31/2017</u>	Page <u>11</u> of <u>26</u>
	I.D. NUMBER 1373730

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Dahle for Assembly 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Heath Flora for Assembly 2016 Hilmar, CA 95324	1	Loan Forgiveness	\$4,200.00
Committee ID: 1376112			
Dante Acosta for Assembly 2016 Santa Clarita, CA 91387		Loan Forgiveness	\$4,200.00
Committee ID: 1384035			
Jordan Cunningham for Assembly 2016 Sacramento, CA 95814		Loan Forgiveness	\$4,200.00
Committee ID: 1374745			
Chang for Senate 2016 Santa Ana, CA 92707		Loan Forgiveness	\$4,200.00
Committee ID: 1377614			
Clint Olivier for Assembly 2016 Fresno, CA 93721	1	Loan Forgiveness	\$4,200.00
Committee ID: 1377495			

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from07/01/2017	FORM 400
through <u>12/31/2017</u>	Page <u>12</u> of <u>26</u>
	I.D. NUMBER 1373730

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Dahle for Assembly 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Jim Richardson Sacramento, CA 94249	OFC		\$100.00
Alicia Dimmitt West Sacramento, CA 95691	OFC		\$100.00
Ellen Cesaretti Sacramento, CA 95829	OFC		\$100.00
Sheldon Fort Sacramento, CA 95814	OFC		\$100.00
State of California Assembly Rules Sacramento, CA 95814	OFC		\$100.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)		
Statement covers period	CALIFORNIA 160		
from07/01/2017	FORM 400		
through <u>12/31/2017</u>	Page <u>13</u> of <u>26</u>		
	I.D. NUMBER 1373730		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Dahle for Assembly 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

andidate/sponsor
l)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Butte County Republican Party Chico, CA 95928	СТВ		\$500.00
Committee ID: 741598			
Lily Mackay Vallejo, CA 94591	OFC		\$223.93
Bruce Ross Redding, CA 96001-2022		MTG, CVC	\$1,103.31
Hilmar, CA 95324	PRO		\$450.00
Idaho Grocery Susanville, CA 96130	CVC		\$538.75

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)		
Statement covers period	FORM 460		
from <u>07/01/2017</u>			
through <u>12/31/2017</u>	Page <u>14</u> of <u>26</u>		
	I.D. NUMBER 1373730		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Dahle for Assembly 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign para	phernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS campaign cons	ultants	MTG	meetings and appearances	RFD	returned contributions
CTB contribution (ex	plain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC civic donations		PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL candidate filing	/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND fundraising eve		POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND independent ex	penditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG legal defense		PRO	professional services (legal, accounting)	VOT	voter registration
LIT campaign litera	ture and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
Karrie Watson Rocklin, CA 95765	CMP	\$158.00
Jim Richardson Sacramento, CA 94249	OFC	\$113.92
Maxine Holmberg Douglas Penn Valley, CA 95946	TRS	\$145.38
Erik Brahms Sacramento, CA 95814	TRS	\$163.38
Brian Dahle Bieber, CA 96009	TRC	\$194.80

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA ACO
from07/01/2017	FORM 40U
through <u>12/31/2017</u>	Page <u>15</u> of <u>26</u>
	I.D. NUMBER 1373730

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Dahle for Assembly 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE (DR DESCRIPTION OF PAYMENT	AMOUNT PAID
Ellen Cesaretti Sacramento, CA 95829		TRS, OFC	\$1,500.89
River Cats Foundation West Sacramento, CA 95691	CVC		\$1,000.00
The KAL Group Hilmar, CA 95324	PRO		\$450.00
Sierra Cascade Logging Conference, Inc. Redding, CA 96002	CVC		\$500.00
Karrie Watson Rocklin, CA 95765	СМР		\$158.10

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 160
from07/01/2017	FORM 400
through <u>12/31/2017</u>	Page <u>16</u> of <u>26</u>
	I.D. NUMBER 1373730

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Dahle for Assembly 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign para	phernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS campaign cons	ultants	MTG	meetings and appearances	RFD	returned contributions
CTB contribution (ex	plain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC civic donations		PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL candidate filing	/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND fundraising eve		POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND independent ex	penditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG legal defense		PRO	professional services (legal, accounting)	VOT	voter registration
LIT campaign litera	ture and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Shasta District Fair Anderson, CA 96007-2988	CVC		\$500.00
JFW Cook Corporation Chico, CA 95928-3831	OFC		\$18.89
Cheri West Nevada City, CA 95959-9534	OFC		\$172.50
Redding, CA 96001-2022	MTG		\$366.81
Integrated Solutions Political San Diego, CA 92116	OFC		\$4,240.00

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)	
Statement covers period	CALIFORNIA ACO	
from07/01/2017	FORM 40U	
through <u>12/31/2017</u>	Page <u>17</u> of <u>26</u>	
	I.D. NUMBER 1373730	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Brian Dahle for Assembly 2016

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

	campaign paraphernalia/misc. campaign consultants		member communications meetings and appearances		radio airtime and production costs returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE O	R DESCRIPTION OF PAYMENT	AMOUNT PAID
The KAL Group Hilmar, CA 95324	PRO		\$450.00
California Republican Leadership Fund Sacramento, CA 95814		Loan Forgiveness	\$11,500.00
Committee ID: 1340317			
The KAL Group Hilmar, CA 95324	PRO		\$467.15
Brian Dahle for Assembly 2018 Bieber, CA 96009		Transfer to Controlled Committee	\$21,699.95
Committee ID: 1393369			
Brian Dahle for Assembly 2018 Bieber, CA 96009		Transfer to Controlled Committee	\$65.00
Committee ID: 1393369			

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$85,018.76

Schedule F

Type or print in ink.
Amounts may be rounded

Statement covers period		CALIFORNIA	160
rom	07/01/2017	FORM	400
hrough	12/31/2017	- 19	• 26

Accrued Expenses (Unpaid Bills) to whole dollars.		from07	7/01/2017	FORM	¹¹⁷ 460	
SEE INSTRUCTIONS ON REVERSE			through 12	2/31/2017	Page 18	of <u>26</u>
NAME OF FILER Brian Dahle for Assembly 2016					I.D. NUMBER 1373730	
CODES: If one of the following codes accurately describes	the payment, you may en	ter the code. Otherw	rise, describe t	he payment.		
CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communication MTG meetings and appears OFC office expenses PET petition circulating PHO phone banks POL polling and survey res POS postage, delivery and PRO professional services PRT print ads	earch messenger services	RFD reins SAL can TEL t.v. TRC can TRS stranger transverse vote vo	dio airtime and producti curned contributions mpaign workers' salarie . or cable airtime and pindidate travel, lodging, aff/spouse travel, lodgin insfer between committer registration ormation technology co	es roduction costs and meals g, and meals ees of the same	e candidate/spons
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCUR THIS PERIO		OD BAI	(d) DUTSTANDING LANCE AT CLOSE OF THIS PERIOD
* Payments that are contributions or independent expenditures must also be summarized on Schedule D.	SUBTOTALS		1			
Schedule F Summary						
Total accrued expenses incurred this period. (Include all saccrued expenses of \$100 or more, plus total unitemized)	Schedule F, Column (b) su accrued expenses under \$	btotals for §100.)		INCURRED TO	TALS	
Total accrued expenses paid this period. (Include all Sche accrued expenses of \$100 or more, plus total unitemized				PAID TO	TALS	
3. Net change this period. (Subtract Line 2 from Line 1. Enton the Summary Page, Column A, Line 9.)					NET	

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

May be a negative number.

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
from07/01/2017	FORM 40U
through _12/31/2017	Page 19 of 26
	I.D. NUMBER 1373730

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

Brian Dahle for Assembly 2016

Ellen Cesaretti

NAME OF FILER

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs candidate filing/ballot fees FIL PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor VOT voter registration LEG legal defense PRO professional services (legal, accounting)

LIT campaign literature and mailings PRT print ads WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Enterprise Santa Ana, CA 92707	TRS			\$724.70
Samu : Im, 6:17/2/6/				

Attach additional information on appropriately labeled continuation sheets.

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

TOTAL* \$724.70

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE G
Statement covers period	CALIFORNIA A CO
from07/01/2017	FORM 40U
through _12/31/2017	Page <u>20</u> of <u>26</u>
	I.D. NUMBER 1373730

NAME OF AGENT OR INDEPENDENT CONTRACTOR

SEE INSTRUCTIONS ON REVERSE

Brian Dahle for Assembly 2016

NAME OF FILER

Bruce Ross

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating TEL t.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals FND fundraising events POL polling and survey research IND independent expenditure supporting/opposing others (explain)* POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OF	R DESCRIPTION OF PAYMENT	AMOUNT PAID
Good News Rescue Mission Redding, CA 96001	CVC		\$500.00

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$500.00

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

Schedule H -	
Loans Made to	Others*

		SCHEDULE H
Statement covers period		CALIFORNIA 460
rom	07/01/2017	FORM 400

Loans Made to Others*	Amounts may be rounded to whole dollars.			from 07/01/2017		CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE					through <u>12/31/2</u> 6	017	Page <u>21</u>	of <u>26</u>
NAME OF FILER Brian Dahle for Assembly 2016				,			I.D. NUMBER 1373730	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
Clint Olivier for Assembly 2016 Fresno, CA 93721				PAID			\$4,200.00	CALENDAR YEAR
				FORGIVEN		RATE	Ψ+,200.00	PER ELECTION** 2016S: \$4,200.00
Committee ID: 1377495		\$4,200.00		\$4,200.00	DATE DUE		2/29/2016 DATE INCURRED	
Mathis for Assembly 2016 Visalia, CA 93277				PAID				CALENDAR YEAR
				FORGIVEN		RATE	\$4,200.00	PER ELECTION** 2016P: \$4,200.00
Committee ID: 1373851		\$4,200.00		\$4,200.00	DATE DUE		4/17/2016 DATE INCURRED	
*Loans that are contributions to another candidate must also be summarized on Schedule D. Loans also be reported on Schedule E.	forgiven must	SUBTOTALS						
						(Enter (e) on Schedule I, Line 3)	
Schedule H Summary 1. Loans made this period(Total Column (b) plus unitemized loans	s less than \$100.)						*	* If Required
Payments received on loans (Total Column (c) plus unitemized paym	······································							
3. Net change this period. (Subtract Line (Enter the net here and on the Summar					NET(May be a ne	gative number)		

Schedule H -	
Loans Made to	o Others*

Type or print in ink. mounts may be rounded

	SCHEDULE H
Statement covers period	CALIFORNIA 460
om07/01/2017	FORM 400

Loans Made to Others*		to whole dollars.			from <u>07/01/2017</u>		FORM 460	
SEE INSTRUCTIONS ON REVERSE					through <u>12/31/2</u>	2017	Page <u>22</u>	of <u>26</u>
NAME OF FILER Brian Dahle for Assembly 2016							I.D. NUMBER 1373730	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
Young Kim for Assembly 2016 Hilmar, CA 95324				PAID				CALENDAR YEAR
						% RATE	\$4,200.00	PER ELECTION**
				FORGIVEN				2016F: \$4,200.00 2016G: \$4,200.00
		\$4,200.00		\$4,200.00			4/22/2016	
Committee ID: 1373918					DATE DUE		DATE INCURRED	
Chang for Senate 2016 Santa Ana, CA 92707				PAID				CALENDAR YEAR
						%	\$4,200.00	
				FORGIVEN		RATE		PER ELECTION** 2016P: \$4,200.00
		\$4,200.00		\$4,200.00			4/29/2016	
Committee ID: 1377614		Ψ1,200100			DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate must also be summarized on Schedule D. Loans also be reported on Schedule E.	forgiven must	SUBTOTALS						
			I		1	(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period Total Column (b) plus unitemized loans								** If Required
Payments received on loans (Total Column (c) plus unitemized paym	nents less than \$100.)							
3. Net change this period. (Subtract Line (Enter the net here and on the Summar					NET(May be a ne	egative number)		

Sched	ule H –	
Loans	Made to	Others*

	SCHEDULE H
nt covers period	CALIFORNIA 460

Loans Made to Others*		Amounts may be rounded to whole dollars.			from07/01/2017		FORM 460	
SEE INSTRUCTIONS ON REVERSE					through <u>12/31/2</u>	017	Page 23	of <u>26</u>
NAME OF FILER Brian Dahle for Assembly 2016							I.D. NUMBER 1373730	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
Jordan Cunningham for Assembly 2016 Sacramento, CA 95814		, Eldes		PAID		%	\$4,200.00	CALENDAR YEAR
				FORGIVEN		RATE	4.,	PER ELECTION** 2016G: \$4,200.00
		\$4,200.00		\$4,200.00	DATE DUE		9/14/2016 DATE INCURRED	
Committee ID: 1374745					BATE BOE		DATE INCOMINED	
Young Kim for Assembly 2016 Hilmar, CA 95324				PAID				CALENDAR YEAR
						% RATE	\$4,200.00	PER ELECTION**
				FORGIVEN				2016P: \$4,200.00 2016G: \$4,200.00
		\$4,200.00		\$4,200.00			9/14/2016	
Committee ID: 1373918					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate must also be summarized on Schedule D. Loans t also be reported on Schedule E.	forgiven must	SUBTOTALS						
						(Enter (e) on Schedule I, Line 3))	
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans	less than \$100.)							** If Required
Payments received on loans (Total Column (c) plus unitemized paym								
3. Net change this period. (Subtract Line (Enter the net here and on the Summary	e 2 from Line 1.)y Page, Column A, Line 7.)				NET(May be a ne	gative number)		

Schedule H -	
Loans Made to	Others*

		SCHEDULE H
Statement covers period		CALIFORNIA 460
om	07/01/2017	FORM 400

Loans Made to Others*		Amounts may be rounded to whole dollars.		from07/01/2017		california 460		
SEE INSTRUCTIONS ON REVERSE					through <u>12/31/2</u>	017	Page <u>24</u>	of <u>26</u>
NAME OF FILER Brian Dahle for Assembly 2016							I.D. NUMBER 1373730	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
Heath Flora for Assembly 2016 Hilmar, CA 95324		. 5.11.02		PAID			44.200.00	CALENDAR YEAR
				FORGIVEN		RATE	\$4,200.00	PER ELECTION** 2016G: \$4,200.00
		\$4,200.00		\$4,200.00			9/22/2016	
Committee ID: 1376112					DATE DUE		DATE INCURRED	
Dante Acosta for Assembly 2016 Santa Clarita, CA 91387				PAID				CALENDAR YEAR
						%	\$4,200.00	
				FORGIVEN		RATE		PER ELECTION** 2016G: \$4,200.00
		\$4,200.00		\$4,200.00			10/4/2016	
Committee ID: 1384035		Ψ4,200.00		\$4,200.00	DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate must also be summarized on Schedule D. Loans also be reported on Schedule E.	forgiven must	SUBTOTALS						
			I	•	1	(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans								** If Required
Payments received on loans (Total Column (c) plus unitemized paym								
3. Net change this period. (Subtract Line (Enter the net here and on the Summan	e 2 from Line 1.)y Page, Column A, Line 7.)				NET(May be a ne	egative number)		

Schedule H -	
Loans Made to	Others*

		SCHEDULE H
Sta	otement covers period	CALIFORNIA 460

Loans Made to Others*			nounts may be rounded to whole dollars.		from 07/01/2017		california 460	
SEE INSTRUCTIONS ON REVERSE					through <u>12/31/2</u> 6	017	Page <u>25</u>	of <u>26</u>
NAME OF FILER Brian Dahle for Assembly 2016							I.D. NUMBER 1373730	
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
California Republican Leadership Fund Sacramento, CA 95814	,	7 2.1105		PAID			¢50,000,00	CALENDAR YEAR
				FORGIVEN		RATE	\$50,000.00	LECTION**
		\$11,500.00		\$11,500.00			11/1/2016	
Committee ID: 1340317					DATE DUE		DATE INCURRED	
				PAID				CALENDAR YEAR
				FORGIVEN		RATE %		PER ELECTION**
				-	DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate must also be summarized on Schedule D. Loans also be reported on Schedule E.	forgiven must	SUBTOTALS		\$45,100.00				
						(Enter (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans	s less than \$100.)				\$0.00			** If Required
Payments received on loans (Total Column (c) plus unitemized paym					\$45,100.00			
3. Net change this period. (Subtract Linger) (Enter the net here and on the Summar	e 2 from Line 1.)y Page, Column A, Line 7.)				NET (\$45,100.00 (May be a ne) gative number)		

Schedule I Miscellaneous Increases to Cash		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from07/01/2017	CALIFORNIA 460	
SEE INSTRUCTIONS ON F	REVERSE		through <u>12/31/2017</u>	Page $\frac{26}{26}$ of $\frac{26}{26}$	
NAME OF FILER Brian Dahle for Assembly	2016			I.D. NUMBER 1373730	
DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT		AMOUNT OF INCREASE TO CASH	
Attach addition	al information on appropriately labeled continuation she	ets.	SUBTO	ΓAL \$.00	
Schedule I Sum 1. Increases to cash	nmary n of \$100 or more this period		\$0.00		

2. Unitemized increases to cash under \$100 this period.

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).).....

Summary Page, Line 14.)

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the

FPPC Form 460 (June/01) FPPC Toll-Free Helpline: 866/ASK-FPPC

\$0.00 \$0.00

TOTAL \$0.00